CLAIMS ONLY

Application Number	Filing Date
10-820 464	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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50						
Total Indep	2		3			
Total Depend	21		20			
Total Claims	23		23			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						